

REPORT OF SPOT CHECKS

Field Office _____

County _____

Line No.	Practice Name and Code No.	Program Spot Checked (EQIP, CRP etc.)	Cooperator's Name	Location of Practice <u>1/</u>	Date Reported	Practice Is Needed and Appropriate	Designed or Planned By	Quantities		Practice Meets All Specs (Yes/No)	Documentation Adequacy (Yes/No)
						Yes/No	Approved By	Cert	Spot Check		Support Docum.
1											
2											
3											
4											
5											
6											

The findings of this spot check report have been reviewed and agreed upon by:

Spot Checker Signature

Date

District Conservationist Signature

Date

ALL DISCREPANCIES AND DEFICIENCIES SHALL BE NOTED AND EXPLAINED ON REVERSE WITH CROSS REFERENCE TO LINE NUMBER. DESCRIBE AND DATE FOLLOW-UP ACTIONS. (IF MORE SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET)

1/ (Location by Legal Description if Available. Otherwise use Conservation Plan Field Number or Other Accepted Local Description.)

1. SPOT CHECKER COMMENTS: (Include evaluation of practices, good as well as bad. If deficient, make recommendations for corrective action.)
-

2. DISTRICT CONSERVATIONIST COMMENTS: (Include comments on follow-up actions taken, if any.)
-

3. Assistant State Conservationist (FO): (Statement of follow-up actions)
-

Distribution of Report

- * Original retained by DC in Field Office Spot Check file.
- * Two copies to ASTC (FO) and ASTC (FO) forwards one copy to the appropriate person, State Resource Conservationist or State Conservation Engineer or both if needed after completion of follow-up actions.